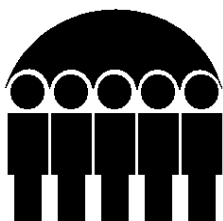


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Employees' Manual  
Title 17  
Chapter A(3)

CHILD WELFARE

# **INTAKE PRACTICE GUIDANCE**



Iowa  
Department  
of  
Human Services

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## **Introduction**

As the gatekeeper to the child welfare system in Iowa, your work in the intake phase begins the life of a child welfare case. Intake decisions determine if an assessment will occur in response to reports of abuse, neglect, or risk to safety for children, or requests for nonprotective services.

Calls to intake that do not meet the criteria for either a child protective services (CPS) or child in need of assistance (CINA) assessment may be referred to an appropriate community agency, or you may provide the caller with other helpful information.

While safety is the paramount focus of the intake process, intake also has a unique customer-service function. As the initial point of contact for community members in law enforcement, health care, education and day care as well as other concerned citizens, the call to intake provides the first impression of the level of public service available through the Department of Human Services.

A thorough intake improves the public awareness of the Department's roles and responsibilities. Gathering accurate information during the initial contact with the caller or visitor is crucial.

It is vital that you accurately assess the situation to ensure that you offer the best assistance in the initial contact. This is true whether the person is requesting services for the person's own child and family, asking to make an abuse report, inquiring about the closest food pantry, or wondering about cash assistance to needy families.

For accepted child protective service reports, the intake phase provides the basic foundation for the beginning of the child welfare case and provides critical initial information to guide the assessment process.

## **Child Safety Outcomes**

The outcomes of child safety and the acceptance of appropriate cases for assessment are clearly stated and supported by rule, policy, and the Department's Child Welfare Model of Practice, which describes the standard for intake as follows:

"When a child abuse report is received, the intake focuses on child safety and captures information necessary to make an informed decision on whether to accept or reject the report."

Iowa's Model of Practice identifies four guiding principles: customer focus, excellence, accountability, and teamwork. The application of these principles to the intake phase is described below.

- ◆ **Customer Focus** is accomplished through customer-friendly engagement that emphasizes an open and accessible approach for gathering information regarding the allegation of abuse or neglect, and demonstrates to the caller that the caller is being taken seriously and the intake worker is carefully listening to the caller's concerns.
- ◆ **Excellence** is accomplished through the use of interviewing skills, respectful and nonjudgmental communication, and the consistent and clear application of DHS criteria for the taking of a report and arriving at an acceptance decision.
- ◆ **Accountability** is accomplished through the supervisory oversight required during the intake phase and through the fulfillment of the requirement that the reporter receive verbal and written notification of the acceptance or rejection of the intake.
- ◆ **Teamwork** is evident when the intake worker has worked in a collaborative manner with the caller to gather the most complete information available, and, if the report is accepted, to provide the child protective worker with sufficient information to prepare for the assessment process.

### **Scope of Chapter**

This chapter provides:

- ◆ Background information to support:
  - The policies in Chapter 17-A, which summarizes the laws, rules, and Department-required practice for the intake phase of a child welfare case.
  - The procedures in Chapter 17-A(1), which describes state procedures for carrying out the intake process for child protective services, and
  - The procedures in Chapter 17-A(2), which describes state procedures for the intake phase of a child in need of assistance case and policy and
- ◆ The clinical or programmatic rationale for the actions that are required during the intake phase of child welfare services.

## **Receiving the Intake**

Intake is a legally mandated function of the Department. Intake also has a customer-service function, as it is often the only contact the community will have with the Department. The intake staff provides the first impression of the level of public service available through the Department.

The Child Abuse Hotline accepts calls at any time and then forwards them to the service area's centralized intake unit. See [CPS Intake Procedures](#) and [Centralized Intake Protocol](#).

The Department may receive initial inquiries from law enforcement, schools, or service agencies; directly from a person requesting assistance; or from any concerned party in the general public.

## **Sources of a Child Abuse Report**

Reporting policies are described for the following groups of reporters:

- ◆ [Mandatory reporters](#)
- ◆ [Others required to report](#)
- ◆ [Permissive reporters](#)
- ◆ [Media reports](#)

## **Mandatory Reporters**

To provide the greatest possible protection to children and encourage reporting, Iowa has designated some professionals as mandatory reporters who must report when they "reasonably believe the child has been abused."

NOTE: "Reasonably believe" is a minimal standard set for people who are required to report (mandatory reporters) and an optional standard for permissive reporters. It does not preclude people from making a report on a lower standard, based on a "guess" or "suspicion." The report may or may not constitute an allegation of child abuse.

Mandatory reporters include health practitioners and other professionals who examine, attend, counsel or treat a child in the scope of their professional practice and have reason to believe the child has been abused. Health practitioners include:

- ◆ Licensed physician, surgeon, osteopath, osteopathic physician or surgeon
- ◆ Licensed dentist, optometrist, podiatrist or chiropractor
- ◆ Resident or intern
- ◆ Dental hygienist
- ◆ Registered nurse or licensed practical nurse
- ◆ Physician's assistant
- ◆ Emergency medical care provider
- ◆ Social worker
- ◆ Licensed foster parent
- ◆ Employee or operator of a:
  - Child care center
  - Child care home
  - Head Start Program
  - Family Development and Self-Sufficiency grant program
  - Healthy Opportunities for Parents to Experience Success-Healthy Family Iowa program
  - Substance abuse program or facility licensed by the Department of Public Health under Iowa Code 125, including chemical substitutes or antagonists programs, residential programs, and nonresidential outpatient programs for the primary purpose of treating and rehabilitating substance abusers
  - A Department facility, including the Glenwood and Woodward Resource Centers; the mental health institutes at Cherokee, Clarinda, Independence, and Mount Pleasant; the State Training School; the Iowa Juvenile Home; and the Civil Commitment of Sexual Offenders Unit at Oakdale
  - Juvenile detention or shelter care facility approved under Iowa Code section 232.142

- Health care facility, as defined in Iowa Code section 135C.1 (residential care facilities, nursing facilities, intermediate care facilities for people with mental illness, and intermediate care facilities for people with mental retardation)
- Provider of services to children funded under a federally approved Medicaid home- and community-based waiver services
- ◆ Mental health professional, member of the staff of a mental health center, counselor, or certified psychologist
- ◆ Licensed school employee, para-educator certified under Iowa Code section 272.12, or holder of a coaching authorization issued under Iowa Code section 272.31
- ◆ Peace officer

Mandatory reporters are required to make a report when, in the scope of their professional practice, they have reason to believe that a child has been abused.

When a mandatory reporter has reason to believe that a child has been abused, but the concern has come to the reporter's attention outside of the scope of the reporter's professional practice, making a report is not mandatory. For example:

1. A therapist at a mental health center provides counseling to a woman who discloses that she abused her child. Since the therapist is not examining, attending, counseling, or treating the child, the therapist is not a mandatory reporter for this incident and may report permissively.
2. A teacher befriends a neighborhood child who discloses that her father is sexually abusing her. Since the teacher did not obtain the information during the performance of her professional duties, the teacher is not a mandatory reporter for this incident and may report permissively.
3. A clergy member is not considered to be mandatory reporters unless functioning as a social worker, a counselor, or another role described as a mandatory reporter. If a member of clergy provides counseling services to a child, the child discloses an abuse allegation, then the clergy member is mandated to report as a counselor.

### **Duties of Mandatory Reporters**

Any person who meets the criteria as a mandatory reporter is required to:

- ◆ Make an oral report of the suspected child abuse to the Department within 24 hours of becoming aware of possible abuse. (Iowa Code section 232.69(1))
- ◆ Make an oral report to the appropriate law enforcement agency, if there is reason to believe that the immediate protection of the child is advisable. (Iowa Code section 232.70(2))
- ◆ Submit a written report to the Department within 48 hours after the oral report. (Iowa Code section 232.70(3))
- ◆ Make a report of abuse of a child who is under 12 years of age that would be defined as child [sexual abuse](#) or [child prostitution](#) (see 17-A(4), [Definition of Terms Used in Intake and Assessment](#)), except that the abuse resulted from the acts or omission of a person other than a caretaker. (Iowa Code section 232.69(1))
- ◆ Cooperate and assist with the assessment upon the Department's request, whether or not the person made the report of suspected abuse. (Iowa Code sections 232.71B(7) and 232.70)
- ◆ Complete two hours of child abuse mandatory reporter training within six months of initial employment and every five years. (Iowa Code section 232.69(3))

A mandatory reporter who knowingly and willfully fails to report a suspected case of child abuse or knowingly interferes with the making of a child abuse report may be guilty of a simple misdemeanor. A mandatory reporter may also be civilly liable for damages caused by a failure to report or interference with a report.

The employer or supervisor of a person who is a mandatory or permissive reporter shall not apply a policy, work rule, or other requirement that interferes with the person making a report of child abuse.



### **Content of Report**

The oral and written reports made by a mandatory reporter to the Department shall include as much of the following as possible:

- ◆ **Child:** Name, home address, current location or residence, age, physical condition, injuries, previous injuries.
- ◆ **Parents:** Name, home address, current location or residence.
- ◆ **Caretaker** (if other than parent): Name, address, current location or residence.
- ◆ **Person alleged allegedly responsible for the abuse:** Name, address, current location or residence.
- ◆ **Other children:** Name, age, and condition of other children in the same household.
- ◆ **Incident:** Condition of child, other children in household, and other household members; conduct and condition of parent or caretaker and person responsible for the abuse; cause of child's condition.
- ◆ **Other sources:** Names and addresses of people knowledgeable about the child's circumstances.
- ◆ **Reporter:** Name, address, and reporter's relationship to the child and incident.

Inform mandatory reporters of their responsibility for submitting a written report after making an oral report. Offer to furnish a copy of form [470-0665, Report of Suspected Child Abuse](#). Although the reporter may not have all of the requested information, the form should be filled out as completely as possible.

### **Others Required to Report**

Two other categories of people are required by rule to report child abuse:

- ◆ A Department income maintenance worker who in the course of employment believes a child has been abused must make an oral report of the abuse allegations to the Department within 24 hours of suspecting abuse.
- ◆ A certified adoption investigator is required to report if through the adoption investigation duties the person identifies information indicating that a child has been abused.

Income maintenance workers and certified adoption investigators are “mandated,” not mandatory, reporters. They are not required to make a written report, although they may do so if they wish.

They are not entitled to written notification that the assessment has been completed or to a copy of information placed on the Registry.

NOTE: If an adoption investigator is also a licensed social worker, or another professional category included as a mandatory reporter, then policies for mandatory reporters apply.

### **Permissive Reporters**

Any person who suspects child abuse may make an oral or written report or both to the Department. A permissive reporter is not required by law to report abuse, and there are no sanctions imposed upon a permissive reporter for failing to report suspected child abuse.

When mandatory reporters suspect child abuse outside the scope of their professional duties of examining, attending, treating, or counseling a child, they may make a report of child abuse to the Department. When they are not legally required to make a report of child abuse, they are not entitled to the same access to child abuse information that pertains to mandatory reporters. Examples:

1. A therapist at a mental health center provides counseling to a woman who discloses that she abused her child. Since the therapist is not examining, attending, counseling, or treating the child, the therapist is not a mandatory reporter for this incident and may report permissively.
2. A teacher befriends a neighborhood child who discloses that her father is sexually abusing her. Since the teacher did not obtain the information during the performance of her professional duties, the teacher is not a mandatory reporter for this incident and may report permissively.

### **Media Reports**

The Department can initiate a child protection assessment on a situation that appears in the newspaper or other media that raises concerns about child abuse. Open the assessment naming DHS as the reporter. You may contact any mandatory reporter with knowledge of the situation to make an intake determination.

For example, if there is a media report regarding a nonaccidental child death or an arrest for operating a methamphetamine lab and children reside in the home, contact law enforcement to acquire sufficient intake information to accept or reject.

### **Gathering Intake Information**

Advantages of thoroughly evaluating the intake information include:

- ◆ Improved safety for children,
- ◆ More complete information at the outset for the assigned worker, and
- ◆ Improved public awareness of the Department's roles and responsibilities.

Reports of abuse may not have all of the demographic and historical information about a family. A records check may supply additional critical information essential to ensuring child and worker safety. Gathering this information is critical to the assessment process.

Of primary importance at intake is to initiate safeguards for children who are at risk or have been abused. Be flexible and able to communicate effectively with callers by asking questions, recording necessary information, and discriminating between significant and extraneous information.

The [How-Do-I? Guide: CINA Intake, RC-0088](#), [How-Do-I? Guide: CPS Assessment, RC-0086](#), and [Intake Guidance Tool, 470-4131](#), provide a set of questions that may be helpful in structuring the intake interview.

In order for a report of child abuse to be accepted for a CPS assessment, three elements must be present:

- ◆ The alleged abuse occurred to a child
- ◆ The alleged abuse falls within Iowa's definitions of child abuse
- ◆ The alleged abuse was caused by acts or omission of the child's caretaker

When a reporter calls, the reporter may not report a specific allegation. Through your engagement and interviewing skills, collect enough information for you to be able to assign an allegation. The [CPS and CINA Intake Decision Tree, RC-0076](#), contains questions that help elicit enough information about the incident to determine if it falls within one of the nine allegations.

### **Meth Lab Allegations**

When allegations of meth labs in a home where children are present or reside are reported, you should ask the reporter the following additional questions about the allegation. Ask questions as applicable:

- ◆ What are the indicators that a meth lab exists in the home?
  - What have you observed?
- ◆ What types of meth ingredients have been observed?
  - Where are the meth ingredients being stored?
- ◆ What kind of containers are the ingredients stored in?
  - Do the children have access? To what?
  - Do the children have access to any explosive, flammable, or toxic ingredients?
- ◆ Is the meth lab active? Is meth currently being produced?
- ◆ What are the conditions of the home?
  - Are there loaded weapons or booby traps in the home?
  - Are there people going in and out of the home frequently?
  - Do you know anything about the people going in and out of the home?  
What do you know and what have you observed about them?

- ◆ Are the adults in the home exhibiting any of the following behaviors? If so, please describe the behavior in detail.
  - Extreme mood fluctuations
  - Violent behavior
  - Depression
  - Poor impulse control
  - Bizarre behaviors
  - Lack of attention to hygiene
  - Psychotic episodes
  - Other drug use
- ◆ What are the adults' behaviors toward the children?
  - What is the current condition of the children?
  - Do the children have any health (including dental) issues?
  - Are the children getting fed?
  - Do the children appear to be underweight, extremely thin, or in poor physical health?
  - Do the children have any developmental disabilities?
  - Do the children have any behavioral disorders (e.g. ADHD)?
  - If the children are school age, are the children attending school?
  - How are the children performing in school?
  - Have the children been harmed? If so, how?
  - Have law enforcement been called regarding the meth lab (today or in the past)? Are you willing to report your concerns regarding the meth lab to law enforcement?

## **Questions to Support Safety, Well-Being, and Permanency**

### **Kinship Care**

To gather information about family resources or significant others that may be needed for a safety plan or emergency placement for the child, ask the reporter the following questions:

- ◆ Are you aware of any extended family members or close friends of the mother, father, or the children that offer support or help to the family? If so, do you know how to contact them or know where they live?
- ◆ Can you tell me about anyone who visits the family and whom the children seem to trust?
- ◆ Could you tell me any times that you have observed the family interacting well together or taking care of one another? (to elicit information about family strengths and capabilities)

If school personnel are calling, also ask:

- ◆ Could you tell me who is on the emergency contact list for the family?
- ◆ Is there a teacher in the school that the children feel especially close to?

### **Race and Ethnicity**

To gather information about community resources that may be needed for a safety plan or emergency placement for the child, ask the reporter the following questions:

- ◆ Do you know the race and ethnicity of the child and the child's parents?
- ◆ Do you know if the family has any Native American ancestry? Is the family affiliated with any specific tribe?

## **Evaluating Intake Information**

During the intake process, you must:

- ◆ Determine whether the information being provided by the reporter is based on a guess, suspicion, belief, or knowledge.
- ◆ Apply a reasoning process to reach a conclusion on the quality of this information.
- ◆ Use deductive reasoning or inference to determine if the information amounts to a report of child abuse which should be accepted.

Reporters frequently are not familiar with child abuse definitions or the terminology such as “belief” and “suspected.” Be aware that “reasonably believe” is a minimum standard for mandatory reporters and an optional standard for permissive reporters. This does not preclude people from making a report based on a “guess” or “suspicion.”

Reporters may not know that Iowa law does not have a definition for “neglect.” Callers may not view “neglect” as abuse, or simply may not understand that the Department will consider some “neglect” as abuse.

You must be capable of determining the type of abuse being alleged even when the reporter does not use specific terminology. It may be possible to make reasonable inferences that would cause a report to become a case based upon descriptions of what occurred, so detailed and accurate information is essential. For example:

1. A person states that he witnessed a child being beaten by a caretaker with a baseball bat. This reporter does not have to identify visible injuries in order for you to reasonably infer that the activity described would have resulted in an injury.
2. A person states that a three-year-old has a sexually transmitted disease. You may reasonably infer that the three-year-old may have been a victim of sexual abuse.
3. A person indicates that a six-year-old is left to care for her two-year-old brother while parents work. You may reasonably infer that children this young may be incapable of self-supervision, even in the absence of reported injury.

## **Making the Intake Decision**

In order for a report of child abuse to become a case, there must be reasonable belief that the following elements are present:

- ◆ The alleged abuse must fall within Iowa's definition of child abuse.
- ◆ The alleged abuse was caused by acts or omissions of the child's caretaker.

Accept reports for assessment unless there is no doubt that the injury was accidental. Consider:

- ◆ The reasonableness of the degree of force used in relation to the situation.
- ◆ The degree of injury to the child.
- ◆ Whether the injury was foreseeable.
- ◆ Whether attempts were made to avoid injury to the child.

## **Determining the Allegation Type**

When making the intake decision, determine the specific category and subcategory of child abuse being reported. Iowa law has defined nine categories of abuse:

- ◆ [Physical abuse](#)
- ◆ [Mental injury](#)
- ◆ [Sexual abuse](#)
- ◆ [Denial of critical care](#)
- ◆ [Child prostitution](#)
- ◆ [Presence of illegal drugs](#)
- ◆ [Manufacturing or possession of dangerous substances](#)
- ◆ [Bestiality in the presence of a minor](#)
- ◆ [Cohabitation with a registered sex offender](#)

Some allegations can be easily classified into specific categories and subcategories, while others are more difficult. For example, an allegation of a child being unsupervised is easily categorized as denial of critical care by failure to provide proper supervision. An allegation that a child's father "touched her vagina" may be more difficult to subcategorize.

Therefore, in allegations of sexual abuse, it is acceptable simply to indicate that the abuse category is sexual abuse and omit stating the subcategory.



In some cases, information from the reporter may appear on the surface to fit into more than one allegation category. Below is a discussion of denial of critical care types, followed by examples of the process of determining the allegation type when the proper allegation type is not clear.

### **Denial of Critical Care Allegations**

Failure to provide adequate **food** could be indicated by:

- ◆ The child's lack of weight gain or loss of weight due to lack of food, a lack of food in the home, contaminated or spoiled food in the home, resulting in physical ailments, or
- ◆ The child suffering from physical conditions or disease resulting from nutritional deficiencies.

Failure to provide adequate **shelter** could be indicated by:

- ◆ The child having no home,
- ◆ The child living in a home that lacks heat in the winter,
- ◆ The home having unsanitary conditions (toilets not functioning, an overflowing amount of trash or garbage, spoiled food that can be accessed by children, infestation by cockroaches or ants),
- ◆ The home having structural damage (broken stairs, missing railings, large holes in ceilings or floors, windows or doors with broken glass),
- ◆ The home having hazardous conditions (exposed or frayed wiring, fuel containers stored in living areas, paper or clothes piled near heat source, chemicals or drugs within easy access of children), or
- ◆ The child is living in overcrowded conditions, resulting in inadequate sleeping arrangements.

Failure to provide adequate **clothing** could be indicated by the child lacking adequate protection against prevailing weather elements, such as not having a winter coat during a blizzard, footwear that is too small or too large.

Failure to provide adequate **health care** could be indicated by:

- ◆ The caretaker refusing to provide medical evaluations for conditions detected through a school screening,
- ◆ The caretaker not following through with necessary medical treatment,
- ◆ The existence of a pattern of children not being bathed for lengthy periods of time,
- ◆ The children not being provided available preventative medical and dental care, or
- ◆ The caretaker overusing emergency services to deal with their children's most minimal health care issues.

Failure to provide **mental health care** could be indicated by:

- ◆ The caretaker's refusal to provide mental health evaluation after receiving recommendations from a school psychologist, or
- ◆ Not following through with a treatment plan recommended by a mental health professional.

Failure to meet the **emotional needs** of the child could be indicated by:

- ◆ The child failing to thrive,
- ◆ The child having delays which appear to be due to caretaker inattention, or
- ◆ The child appearing to have emotional injury that seems to be due to parental behavior (such as domestic violence).

Failure to provide proper **supervision** could be indicated by:

- ◆ The caretaker has left an infant unattended in a bathtub, near an open flame or in a precarious physical position,
- ◆ The caretaker has left a child who is incapable of self-supervision,
- ◆ The caretaker has knowingly selected a babysitter who is incapable of ensuring the safety of the child,
- ◆ A parent overmedicates a child,

- ◆ A caretaker locks a child in a closet or attic,
- ◆ The caretaker chains or ties a child,
- ◆ The caretaker's use of alcohol or illegal drugs has impacted on the caretaker's ability to provide proper supervision, or
- ◆ A child is abandoned.

Failure to respond to an infant's **life-threatening condition** should be investigated with questions about the caretaker's failure to provide treatment such as hydration, nutrition, medication, or other medical services that have been recommended.

#### **Sexual Abuse by Omission vs. Denial of Critical Care**

"Sexual abuse by omission" means a caretaker allowing, or failing to protect a child from the commission of a sexual offense by another caretaker or by a person the caretaker should have reasonably known would be likely to sexually abuse a child.

- ◆ If a sexual offense has already occurred through the caretaker's omission, then the appropriate allegation is sexual abuse by omission.
- ◆ If the child has been exposed to danger of sexual abuse through the caretaker's omission, but no abuse has yet occurred, then the appropriate allegation is denial of critical care.

#### **Presence of Illegal Drugs in Child's Body vs. Denial of Critical Care**

An allegation of a child being unsupervised is easily categorized as denial of critical care by failure to provide proper supervision.

When a report of suspected child abuse is made regarding illegal drugs being present in the child, consider whether the information received alleges (or infers) denial of critical care by failure to provide proper supervision. See [Criteria for Accepting an Allegation of Presence of Illegal Drugs in a Child](#).

#### **Compelling Circumstances**

Circumstances may be sufficiently compelling to infer that there is danger of the child suffering injury or death. In these situations, the report of child abuse shall be accepted. For example:

**Report:** The police call to report a case involving three children. Police state that they investigated a discharge of a weapon the previous evening. The police report indicates that a 44-year-old woman was arrested for discharging a firearm in her backyard and she is in jail pending a hearing.

The police report states that when police arrived, the woman and her husband were fighting. The husband had been drinking, and he had thrown the living room furniture through the front picture window. Both were yelling that the other had started it. The police report that the children were with grandparents for the night.

The police indicate that they have been called to the home four other times in the last year, and in three of those incidents the husband has been arrested. The husband is currently on probation for domestic violence assault.

**Action:** This report of child abuse should be accepted for denial of critical care by failure to provide proper supervision, with both parents being named as person allegedly responsible for the abuse.

The compelling circumstances are:

- ◆ The discharge of a weapon during a domestic violence incident.
- ◆ The act of throwing the living room furniture through the front window.
- ◆ The history of five episodes of domestic violence, including the latest incident.
- ◆ The fact that the latest incident has occurred in spite of the husband being on probation for domestic violence assault.

While the children may not have been present, one cannot assume that based on the information provided. In addition, even if the children were absent, the level and frequency of violence suggests caretakers who are "out-of-control," and actions that would place the children in danger of suffering, injury, or death if they were present.

In the absence of information by police that the children have never been witness to any of the domestic violence incidents, this report of child abuse should be accepted.

### **Rejecting CPS and CINA Intakes**

Do not accept reports for CPS assessments if the report does not meet the necessary criteria. For example:

A reporter has witnessed a neighbor spanking her five-year-old child with an open hand upon the child's buttocks. Absent any additional information, this allegation is not acceptable for assessment.

Advise the reporter that the Department is not legally able to make a CPS assessment for a spanking such as described, unless the child has injuries from the spanking.

If the CPS report is not accepted immediately because further consultation is required with a supervisor, inform the reporter that further consultation is needed before a decision can be made, and that someone will be calling the reporter back with the decision.

For CINA intakes, do not accept reports that do not meet the necessary CINA criteria. Reject CINA intakes for mental health needs of children when the parent is willing but unable to provide mental health services. In this situation, refer the family to the children's mental health waiver.

### **Accepting the Intake**

For CPS intakes, after identifying the nature of the alleged abuse, determine the time frame for observation of the child by using the [CPS Observation Timeframes](#).

- ◆ If there is a high-risk injury or an immediate safety threat, the child should be observed in one hour.
- ◆ When there is no high-risk injury and no immediate safety threat but the person responsible has access to the child, observation in 24 hours is appropriate.
- ◆ Observation within 96 hours is appropriate if there is no high-risk injury, no immediate safety threat and the person responsible does not have access to the child.

The assigned observation time must be documented on form [470-0607, Child Protective Services Intake](#).

### **Abandoned Child**

Centralized intake staff will gather and document information on referral calls regarding children who are abandoned. An immediate response is required when the child's parent, guardian, or other custodian is absent. See [Emergency Removal and Reasonable Efforts](#).

Accept a CPS intake if abuse is alleged. Accept a CINA assessment intake if the referral meets any of the CINA assessment criteria. Two CINA criteria address abandonment:

- ◆ Iowa Code 232.2(6)(a): Whose parent, guardian, or other custodian has abandoned or deserted the child.
- ◆ Iowa Code 232.2(6)(q): Who is a newborn infant whose parent has voluntarily released custody of the child in accordance with Iowa Code chapter 233, the Newborn Safe Haven Act.

The assigned worker for an abandoned infant (or safe haven infant) shall:

1. Immediately notify the juvenile court and the county attorney to seek an ex parte removal order for placement, in accordance with Iowa Code section 232.78. (NOTE: A peace officer, juvenile court officer, or physician treating the child may keep the child in custody if there is imminent danger to the child's life or health.)
2. Secure medical evaluation of child.
3. Provide a written summary of information to the juvenile court and the county attorney within 24 hours.

If the call is received during business hours, the intake supervisor will notify the service supervisor if a child abuse intake or a CINA assessment intake has been rejected and the case is to be assigned to a social work case manager.

If the call is received outside of normal business hours, the intake supervisor will notify the assessment supervisor for assignment of a child protective worker.

### **Safe Haven Infant**

The Newborn Safe Haven Act provides procedures for an infant **under the age of 14 days** who is abandoned at an institutional health facility. See Safe Haven site: [http://www.dhs.state.ia.us/Consumers/Safety\\_and\\_Protection/Safe\\_Haven.html](http://www.dhs.state.ia.us/Consumers/Safety_and_Protection/Safe_Haven.html)

The Safe Haven Act requires the Department to assume the care, control, and custody of an infant from the person on duty at a hospital or health care facility where physical custody of the infant was relinquished.

Within 24 hours of taking custody of the infant, the Department must notify the juvenile court and the county attorney in the county where the infant was relinquished in writing of the action taken by the Department and the circumstances surrounding the action.

The role of the county attorney for a safe haven infant includes:

- ◆ Filing a CINA)petition. A hearing on a CINA petition filed pursuant to subsection 233 shall be held at the earliest practicable time.
- ◆ Providing notice of the petition to:
  - Any known parent.
  - Person authorized to relinquish custody of the infant.
  - The employee of the safe haven who took custody of the child.
  - Any putative father registered with the state registry.
  - Others in accordance with the provisions of the law.

If there is any reason to believe the infant may be a Native American, the appropriate officials should also be notified pursuant to the federal Indian Child Welfare Act, 25 U.S.C. §§ 1905-1963.

- ◆ Filing a petition for termination of parental rights with respect to the infant in accordance with Iowa Code section 232.111(2)(a). A hearing on the termination of parental rights petition shall be held no later than 30 days after the day the physical custody of the infant was relinquished unless the juvenile court continues the hearing beyond the 30 days for good cause.
  - Before holding a termination of parental rights hearing, notice shall be provided as described in Iowa Code section 600A.6, subsection 5.
  - Reasonable efforts made in regard to the infant shall be limited to the efforts made to finalize a permanency plan in a timely manner.

For procedures when the parent has expressed the intent to voluntarily relinquish parental rights for an infant or child over 14 days of age or older, see 13-C, [Voluntary Release by Birth Family](#).

### **Providing Notice of Intake Decisions**

When a report meets the criteria for assessment, inform the reporter that the report of child abuse has been accepted as a case. The oral notification may be provided by the child protective worker assigned to the case, a child protective supervisor, or other staff designated by the child protective supervisor.

Orally notify the reporter that the report has been accepted within 24 hours of receiving the report. You can provide this oral notification at the time that the report is made if the report is accepted immediately. Document the date and time that the oral notification was issued to the reporter on form [470-0607, Child Protective Services Intake](#).

There are no notifications for CINA intakes.

### **Assigning the Case**

Safety of the child is a primary outcome of all aspects of the life of the case beginning with intake. Time frames for observation of the child by the child protection worker are assigned at intake. The criteria for these time frames are based upon the child's immediate safety and the access to the child by the person named as responsible for the abuse.

When reports allege an immediate threat to child safety, there are clear time frames for a timely response to safeguard the child. There are also clear time frames for accepting or rejecting a report that, although it does not require an immediate response, should be acted upon in a timely manner.

Once the intake contact is completed, you should have an idea of what comes next. There should be an identifiable outcome to the contact. You have the following action options available:

- ◆ **Information.** The person is ineligible for services through the Department. Give the person information on community resources to contact.
- ◆ **Child protective assessment.** Accepted criteria are met to initiate an assessment to examine whether abuse or neglect of a child has occurred.
- ◆ **CINA assessment.** The person appears to have a child in need of assistance and to meet basic eligibility factors. Initiate local procedures to complete the CINA assessment process.



In some cases, it is impossible for you to make an independent decision about a contact based upon the information the person gives. Refer to the supervisor or follow established procedure when the scope of the situation is beyond the intake action options. Such situations may include but are not limited to:

- ◆ An interstate situation. See [Interstate Compact on the Placement of Children](#).
- ◆ An abandoned child. See [Abandoned Child](#) and the [Safe Haven Infant](#).

### **Documenting the Intake**

The only information that should be included in the *Narrative Description/Child Safety Concern* on the intake form is the **allegations as reported by the caller**. Allegations need to be descriptive of the concerns stated from the reporter. **All** other information should be included in the section titled *Additional Information*.

De-identify the reporter during documentation of allegations in the *Narrative Description/Child Safety Concern* section of the intake.

Use appropriate language (proper words instead of slang words, etc.) to describe the information reported unless a direct quote is necessary or relevant to the allegations. Document with quotation marks if you include a direct quote.

Document in the *Additional Information* section on the intake sheet questions asked of the caller that the caller did not know how to answer. If information is obtained, document it on the intake form.

When a report is receiving in the office after normal business hours via the fax machine, the intake will be completed and entered by the intake unit upon receipt of the report (typically the next business day). The time frames for ensuring safety of the children will be assigned according to the allegations at the time of the report. For example:

A fax alleging child abuse comes in to the office on a Saturday. The next business day is Monday. The intake unit receives the fax on Monday morning when the office opens, and that date and time is recorded as the date and time of the intake.

The allegation requires a one-hour intake decision. The one-hour intake decision time frame begins at 8:00 a.m. Monday, not when the faxed allegation arrived on Saturday. The intake supervisor assigns a one-hour observation time according to the allegation. The observation response time begins at 8:00 a.m. Monday, the time of the intake.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

September 1, 2006

## GENERAL LETTER NO. 17-A(3)-1

ISSUED BY: Bureau of Protective Services,  
Division of Behavioral, Developmental and Protective Services for  
Families, Adults and Children

SUBJECT: Employees' Manual, Title 17, Chapter A(3), **INTAKE PRACTICE GUIDANCE**, Title page, new; Contents (page 1), new; and pages 1 through 21, new.

### Summary

Employees' Manual Chapter 16-E, **CHILD PROTECTIVE ASSESSMENTS**, has been redesigned into policy, procedure, and practice guidance subchapters reflecting the phase in the life of the case (intake and assessment). The new intake chapters are:

- ◆ 17-A, **INTAKE POLICY**, which contains succinct, "high level" statements that summarize the essence of the associated laws, rules, and Department-required practice.
- ◆ 17-A(1), **CPS INTAKE PROCEDURES**, which tells what the child protective services intake worker should do in the logical order of when and how to do the work.
- ◆ 17-A(2), **CINA INTAKE PROCEDURES**, which tells what the child in need of assistance intake worker should do in the logical order of when and how to do the work.
- ◆ 17-A(3), **INTAKE PRACTICE GUIDANCE**, which provides background information to support the procedures or policy and the clinical or programmatic rationale for the actions that are required.
- ◆ 17-A(4), **ADDITIONAL INTAKE INFORMATION**, which contains information that is lengthy or used only in specific situations. These topics may be accessed through hypertext links in the policy, procedure, or guidance chapters.

Hypertext links in all of the chapters connect to the other intake chapters, additional information on a topic, or a specific form or tool.

Practice guidance is a resource for assistance in completing procedures. This chapter provides:

- ◆ Background information to support policies in Chapter 17-A and the procedures in Chapters 17-A(1) and 17-A(2).
- ◆ The clinical or programmatic rationale for the actions required during the intake phase of child welfare services.

**Effective Date**

Upon receipt.

**Material Superseded**

None.

**Additional Information**

Assessment chapters will be released in the near future. Additional practice guidance is expected to be developed over time.

Refer questions about this general letter to your area service administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

August 31, 2007

## GENERAL LETTER NO. 17-A(3)-2

ISSUED BY: Bureau of Protective Services,  
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter A(3), **INTAKE PRACTICE GUIDANCE**, Contents (page 1), revised; pages 12 through 17, 20, and 21, revised; and pages 22 and 23, new.

### Summary

This chapter is revised to:

- ◆ Remove information that is contained in 17-A(4), Topic 10.
- ◆ Add questions to support kinship care and Native American ancestry identification.
- ◆ Add guidance for response to allegations of an abandoned child.

### Effective Date

Immediately

### Material Superseded

Remove the following pages from Employees' Manual, Title 17, Chapter A(3), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	September 1, 2006
12-17, 20, 21	September 1, 2006

### Additional Information

Refer questions about this general letter to your area service administrator.